## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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(Depositor's name)				EGS ANGELES, CA 70017			
(Signature)							
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CONFIRMATION NO.	ATTORNEY DOCKET NO.	ENTOR	FIRST NAMED INVE	FILING DATE	APPLICATION NO.		
4391	2080-3234	im	Jac Hyoung Kim		10/792,317		

APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBILICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1440 \$300 SO \$1740 05/21/2008

[	EXAMINER	ART UNIT	CLASS-SUBCLASS		
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Ī	L Change of correspondence address or indication FR 1.363.  Change of correspondence address (or Chandle of Correspondence address (or Chandle of Correspondence of Correspond	or agents OR, alternativ (2) the name of a single registered attorney or a	3 registered patent attorneys yely, e firm (having as a member a gent) and the names of up to meys or agents. If no name is	Lee, Hong, Degerman   Kang & Schmadeka 2	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

TITLE OF INVENTION: CHANNEL ESTIMATOR ADOPTING MASKING

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LG Electronics Inc. Seoul, Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XX Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 50.2290 (enclose an extra copy of this for Advance Order - # of Copies (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer elaiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

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May 20, 2008

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